

State of California
ABC-281
10/99

Department of Alcoholic Beverage Control

License Type: 37 Daily On-Sale General
License Nontransferable

LICENSE NO. 9548676
Receipt No. 2535400
Fee Paid \$25.00
Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC
LOCATION ADDRESS: 6000 SANTA MONICA BLVD
LOS ANGELES, CA 90038

TYPE OF EVENT: OTHER EVENT
HR/DATES DURING WHICH
ALCOHOL WILL BE SOLD:
November 2, 2018
7PM-12AM

ESTIMATED ATTENDANCE: 500

AUTHORIZED REPRESENTATIVE / ADDRESS

YOGU KANTHIAH
6000 SANTA MONICA BLVD
LOS ANGELES, CA 90038
[REDACTED]

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued October 24, 2018.

Director of Alcoholic Beverage Control

By _____

LS

DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER	GEO CODE
9548676	
RECEIPT NUMBER	
2535400	
FEE	
\$ 25	
CONDITIONS REQUIRED	
Yes	No
DIAGRAM REQUIRED	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
NUMBER OF DISPENSING POINTS	

1. ORGANIZATION'S NAME	Conditions Required
Hollywood Forever Inc. Endowment Care & Memorial Care	Yes No

2. LICENSE TYPE (Check appropriate license type AND organization type)

a. Daily General (\$25.00) (*Includes beer, wine and distilled spirits*)

- | | |
|---|--|
| <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure | <input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership |
| <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose | <input type="checkbox"/> Religious Organization |
| <input checked="" type="checkbox"/> Other: Tax Exempt Endowment Care & Memorial care Fund | <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00) |

NUMBER OF DISPENSING POINTS

b. Special Daily Beer (\$25.00) Special Daily Beer & Wine (\$50.00) Special Daily Wine (\$25.00)

- | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Fraternal | <input type="checkbox"/> Social | <input type="checkbox"/> Political | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Civic | <input type="checkbox"/> Religious | <input type="checkbox"/> Cultural | <input type="checkbox"/> Amateur Sports Organization | NUMBER OF DISPENSING POINTS |

c. Special Temporary License (\$100.00) (*Different privileges depending on statute*)

- | | |
|---|--|
| <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P | <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P |
| <input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P | <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P |

 Other Special Temporary Licenses, per Section

License number	Amount \$
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3. EVENT TYPE

- | | | | | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Dance | <input type="checkbox"/> Wedding | <input type="checkbox"/> Lunch | <input type="checkbox"/> Picnic | <input type="checkbox"/> Barbeque | <input type="checkbox"/> Social Gathering | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Sports Event | <input type="checkbox"/> Concert | <input type="checkbox"/> Birthday | <input type="checkbox"/> Mixer | <input type="checkbox"/> Carnival | <input type="checkbox"/> Dinner Dance | <input type="checkbox"/> Other: _____ | |

4. TOTAL # OF DAYS 5. ESTIMATED ATTENDANCE 6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION

1 500 From 7:00 PM To 12:00 AM (MIDNIGHT)

7. EVENT DATE(S)

Friday - 11.02.2018

8. EVENT IS OPEN TO THE PUBLIC

Yes No

9. EVENT LOCATION (Give facility name, if any, street number and name, and city)

Hollywood Forever Cemetery-6000 Santa Monica Blvd., Los Angeles CA 90038

10. LOCATION IS WITHIN THE CITY LIMITS

11. TYPE OF ENTERTAINMENT

12. SECURITY GUARDS

- | | | | | | |
|---|-----------------------------|--|------------------------------|-----------------------------|----------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Private Event/Party | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many? 25 |
|---|-----------------------------|--|------------------------------|-----------------------------|----------------------|

13. AUTHORIZED REPRESENTATIVE'S NAME

Yogu Kanthiah

14. REPRESENTATIVE'S TELEPHONE NUMBER

[REDACTED]

15. REPRESENTATIVE'S ADDRESS

6000 Santa Monica Blvd., Los Angeles CA 90038

16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)

17. AUTHORIZED REPRESENTATIVE'S SIGNATURE

[Signature]

18. DATE SIGNED

10/19/18

PROPERTY OWNER APPROVAL BY (Name), REQUIRED

Yogu Kanthiah

PHONE NUMBER

[REDACTED]

PROPERTY OWNER SIGNATURE

[Signature]

DATE SIGNED

10.19.2018

LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE

Captain C. Parks #25060

PHONE NUMBER

[REDACTED]

LAW ENFORCEMENT SIGNATURE

[Signature]

DATE SIGNED

10/19/18

DISTRICT OFFICE APPROVAL BY (Name)

[Signature]

ABC EMPLOYEE SIGNATURE

[Signature]

ISSUANCE DATE

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